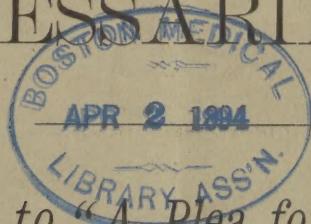


TALIAFERRO (V.H.)

Compliments of the Author

INTRATERINE

PESSARIES.



A Reply to "A Plea for Women"

In the Louisville Medical News of May 26, 1877.

BY

V. H. TALIAFERRO, M. D.,

ATLANTA, GA.,

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# INTRA-UTERINE PESSARIES.

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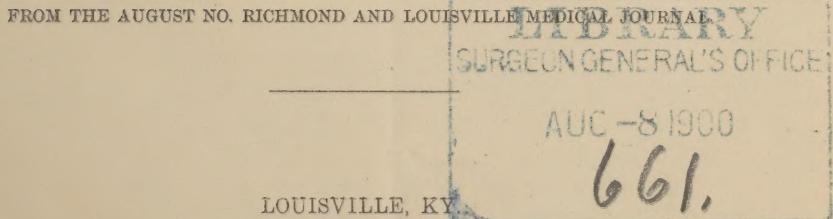
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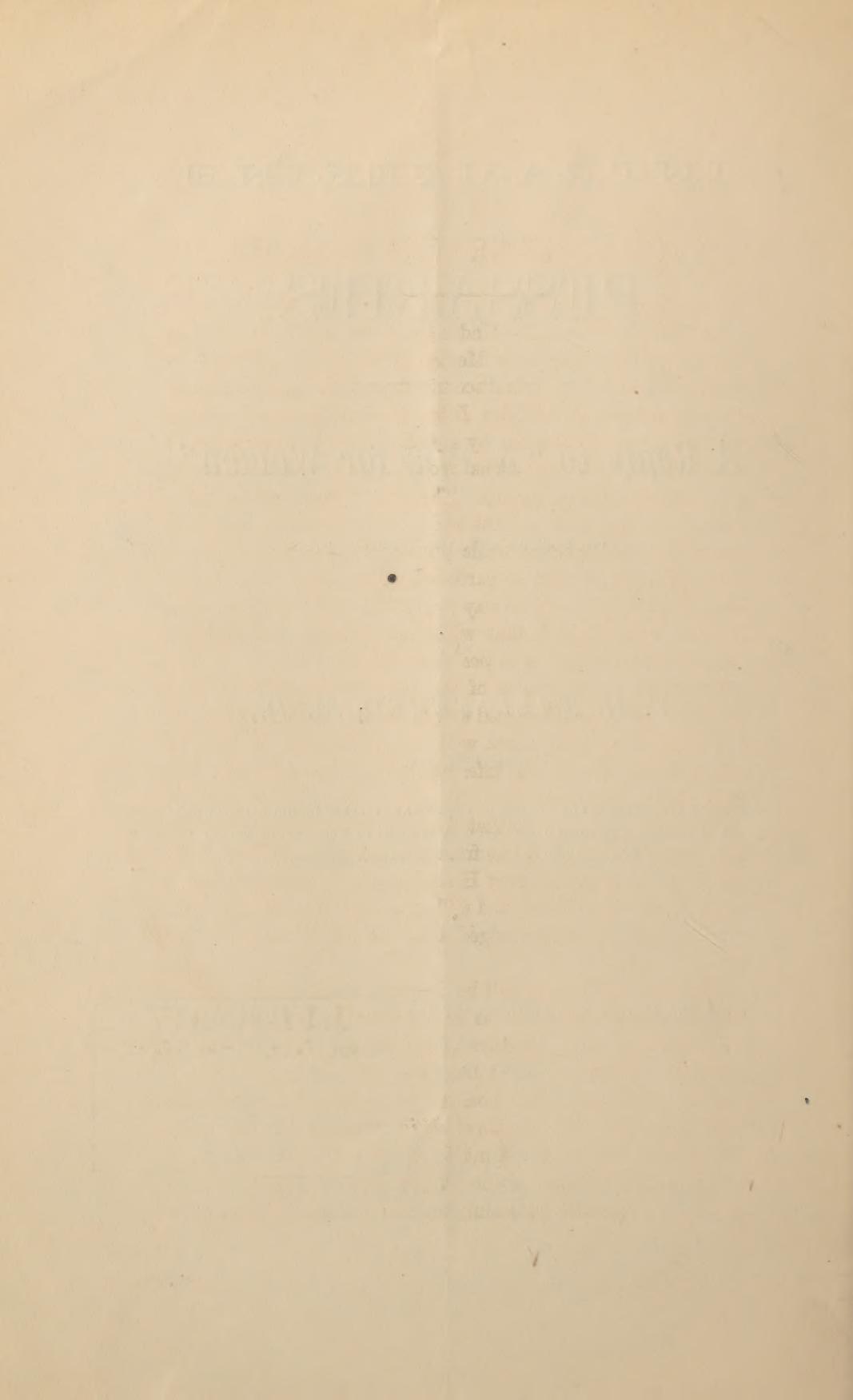
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## INTRA-UTERINE STEM PESSARIES.

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*"A Plea for Women."*—Under the above title in the leading editorial of the "Louisville Medical News" of May 26th, I am roughly taken to task in a discourteous and unscientific manner upon the subject of "*A New Intra-Uterine Pessary*," recently presented to the Profession by myself. In this communication there *appears to be* reflections upon my professional character of a decidedly *splenic* nature. The author has voluntarily disclaimed, in the most earnest and positive manner, any such intended reflections, and while necessarily compelled to accept such disclaimer, I must be pardoned for the expression, that he has a singular and careless way of putting together his English. It would seem, indeed, that while one thing is *positively* expressed, quite another is as *positively intended*.

The most casual reader of the paper criticised must have observed that it was designed simply as the presentation to the Profession of *an instrument*, with the method of its use, and not, as seems to have been inferred by my critic, *a treatise* upon intra-uterine pessaries.

Now, when it is known that this editorial criticism comes not from the editor *in fact*, but from the editor *so called*—a member of and closeted at Army Headquarters of the South, rarely seeing a case of sickness, and still more rarely one in gynaecology, it must be acknowledged that the *mountain indeed has labored!*

When, in addition, as will be shown, this so-called editor has taken *untenable grounds*, to be explained only by the lack of information in the literature of his subject, then indeed his position is most unenviable; but certainly not more so than the journal which fathers and honors the production *as its leader*.

When one assumes the rôle of *critic*, and especially the double rôle of *critic and editor*, it must be acknowledged that proficiency in the literature of the subject matter discussed is an essential prerequisite; certainly no position can be more pitia-

ble than a lack of such proficiency, and while I "would not willingly give the author a fraction of pain," I shall be compelled to present him from this standpoint.

Unfortunately for the Profession and the country, we have a class of medical men who have a *mania for writing* without a commensurate mania for study; a class who ridicule and criticise those things in which they know themselves most defective; a class who, "armed with an endless variety of instruments, twist, poke, slash, cauterize and otherwise" abuse the profession that honors them. Unfortunate and pitiful class, and yet there is no way to save the country from their unmerciful meddling.

In the hands of the educated physician and gynæcologist the uterine organs are safe, as surgical diseases are safe in the hands of the educated and skillful surgeon.

I have been presented by my critic as making a bold and dangerous innovation upon the established practice of gynæcology, and in direct and positive antagonism to its declared teachings. While I have the right, and would not hesitate to make such innovation, properly sustained by facts, I have not done so in this instance.

I am told that in introducing or recommending a stem pessary, I have done so "*in the face of the opinions of the leading gynæcologists of the world.*"\*

To sustain this assertion that *the leading gynæcologists of the world* condemn stem pessaries, he brings forward Thomas on Diseases of Women, as follows: "To cast them entirely aside when such *high authority*\* recommends them would be *irrational and unjustifiable*;"\* to use them *freely*\* in the face of such evidence as we possess would be *reckless and unwarrantable*." According, then, to this author, stem pessaries are too *highly recommended by distinguished authority* to put them aside, and yet with all the lights before us, we should not use them *indiscriminately*. This is the whole meaning of the quotation, which not only *endorses* the stem pessary, but bases this endorsement on *high authority*. This is singular, since my critic has just declared that the "*high authority*" in gynæcology condemns them.

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\* Italics mine.

I beg pardon of my critic, but let me quote a little further from Dr. Thomas: "For none could hesitate to endorse the sentiment expressed by Malgaigne in the discussion upon the subject\* in the Academy of Medicine in Paris in 1852, that a treatment which Amussat, Velpeau, Simpson, Huguier, and Valleix had tried, can not, should not, be considered as repugnant to common sense."

Again: "During the last five years there has been evidenced, however, a growing inclination to return to this plan,\* and the last year has brought forth a number of reports favorable to it."

Again: "It matters not which of these three varieties of irreducible flexion we meet with, it is incurable, except by two means: The use of the intra-uterine stem or the knife."

Unfortunate witness for his purpose, it would certainly appear; selected too as the single proof among so many "*leading gynaecologists.*"

A further examination into gynaecological authorities will still more clearly show the *estimate* to be put upon the statements of my *critic editor*. Sir James Y. Simpson, whose genius and name will live always, tells us in his late posthumous work upon Diseases of Women, that "the chief hope that we can, I think, ever entertain of the cure of amenorrhœa consists in the use of the intra-uterine or galvanic pessary." Detailing a case of obstinate amenorrhœa from undersize uterus cured by stem pessary, he says: "At her own suggestion and urgent solicitation, I again introduced the galvanic pessary, and she wore it for about three years altogether without experiencing from it any kind of inconvenience."

In treating the subject of retroversions, Prof. Simpson tells us: "But the question arises, will the uterus bear the presence of a foreign body in its interior? Experience has replied that in properly selected cases the intra-uterine pessary can be worn without any drawback; and for many years before I had found a vaginal pessary that would give relief, I had recourse to the use of the stem pessary for the cure of retroversions, and in many cases still we are forced to use them when the vaginal instruments have failed."

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\* Treatment by the stem pessary.

In his work on Diseases of Women, Graily Hewitt, referring to a cut of the stem devised and used by himself, says: "The stem pessary here recommended is half an inch shorter than those which have generally been employed, \* \* \* \* \* and which is about one and a half inches in length, and I have very rarely found it to produce irritation."

In referring to his special method of retaining the stem, he says: "Unless proper means are adopted, the stem is never retained in the uterus. \* \* \* \* \* This method of retaining the stem *in utero* answers well, and in suitable cases is a very valuable means of permanently straightening the uterus." (Italics mine.)

Prof. Byford, in his Diseases of Women, says: "The stem pessary, as it is introduced in part into the cavity of the uterus, if properly adapted, also corrects all sorts of deviations." \* \* "It is the most perfect mechanical support we can make use of, for if adjusted in accordance with a just knowledge of the natural place and position of the uterus, it is certain to prevent it from departing from it."

Prof. Peasley, of New York, tells us: "There are certain cases in which a stem pessary must be used, and in which no other instrument will supply its place." (Italics mine.)

Dr. Robert Barnes, of London, in a discussion of the paper of Dr. Routh upon the subject of stem pessaries in the Obstetrical Society of London, said: "He was convinced that intra-uterine stems were, in properly selected cases, of the greatest use. He had frequently employed the galvanic pessary with satisfactory results in cases of amenorrhœa, the catamenia discharge appearing and the nervous symptoms passing away. In consequence of the zinc portion becoming rough, he advised the removal and cleansing of the instrument once a fortnight. In cases of dysmenorrhœa, he had, after incising the os, used Dr. Chambers' stem with advantage, pregnancy having frequently followed the removal of the dysmenorrhœal condition."

Lomb Athill, in his Clinical Lectures on Diseases of Women, upon the subject of stem pessaries in flexions of the uterus, says: "I have known much good to result in such cases as the foregoing from this simple treatment; it is at least worth trying before advising that an operation should be performed.

"The use of the stem pessary is also specially indicated when painful menstruation exists with either retroflexion or anteflexion of the uterus, for the stem not only renders the canal patulous, but by straightening the cervix favors the escape of the discharge."

Prof. Carl Schroeder, in his Diseases of the Female Sexual Organs, vol. x of Ziemssen's Cyclopædia, has this to say upon the subject of stem pessaries: "The cases then which are adapted to the intra-uterine method of treatment are the pure flexions uncomplicated by inflammatory processes. Very good results sometimes attend its use in congenital ante-flexions, when the intolerable pain attending menstruation immediately disappears with the introduction of the stem, and conception not infrequently follows years of sterility. Retroflexion, too, as they occur in multiparæ—though, to be sure, they are rarely seen—may produce much the same symptoms, and are eminently well suited to this method of treatment. \* \* \* \* \*

I am, therefore, disposed to regard the method of treatment by intra-uterine pessaries as very efficient in appropriate cases, and not particularly dangerous."

Prof. R. Olshaunser, of Germany, says: "Hence the application of stem pessaries in carefully selected cases is invaluable, and ought not to be discarded any more than numerous surgical operations undertaken for the relief of affections not dangerous to life."

Lawson Tait, F. R. C. S., Surgeon to the Birmingham Hospital for Women; Consulting Surgeon, etc., says: "The use of the galvanic intra-uterine stem of Simpson is the most powerful means that we possess for the treatment of uterine dysmenorrhœa or amenorrhœa."

Dr. Thomas Savage, Surgeon to the Birmingham Hospital for Women, etc., says: "Since Sir J. Y. Simpson introduced the galvanic stem for the cure of amenorrhœa, this instrument has been familiar to gynæcologists; but I believe that there is in the minds of many a very great dread of all kinds of intra-uterine therapeutics, and consequently by such the all but very occasional use of the stem is regarded with much abhorrence, on account of the dangerous or serious after effects which are said

to arise. In the cases in which I have followed this treatment, none but the best results have occurred, and in not one case has there been the slightest symptom to lead me to think the case would have done better. I will not say as well by other courses of treatment. \* \* \* \* In reference to the after ill effects, parimetritis, metritis, endometritis, abscess of the broad ligament, may be spoken of as likely to arise. I have used intra-uterine stems for flexions, retro and ante, in forty-four women who have never been impregnated, and in not one has any ill effect followed, nearly all the cases having been attended at the least several times, at all events long enough to be watched and to discover if anything did arise at the hospital, after treatment had commenced. \* \* \* The chief difficulty in the whole plan of treatment has been not what course to pursue, but what means to adopt to insure retention of the stem. \* \* \* The point I wish to press is the great benefit, and almost, to me, so far, quite perfect safety of the intra-uterine stem."

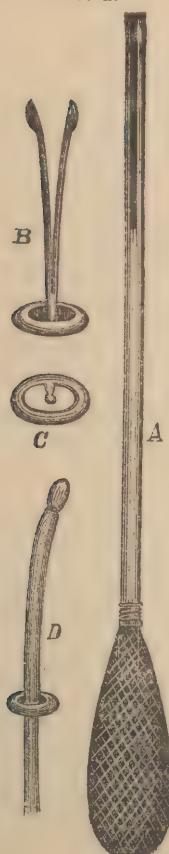
Dr. Thomas Chambers, M. R. C. P., F. R. C. S. Edin., Physician to the hospital, etc., premises the report of a number of cases of flexion successfully treated by the stem, as follows: "Leaving all theories, therefore, for the present as to the causes of uterine flexion, it is proposed to illustrate their effects and successful treatment by putting on record a few typical cases as they have occurred in this hospital during the last few months."

In a discussion in the Obstetrical Society of London, Dr. Chambers said: "He had not found it necessary to adopt the prolonged preliminary treatment urged by Dr. Routh. He thought all dislocations should be reduced at once, and this method of treatment had, in his hands, proved most satisfactory. He thought it dangerous to introduce a stem in the consulting-room, or out-door department of a hospital, and then allow the patient to go home. She should be kept in bed after its introduction at least a week."

The length of time Dr. Chambers keeps his patient in bed after introducing the stem will be better appreciated when it is remembered that he rejects the usual precautionary measures. He reduces *at once* the displacement and introduces his stem under the influence of ether if necessary. Inflamma-

tory troubles, which must occasionally arise, are promptly met by appropriate measures, the stem in the meantime remaining in the uterus.

FIG. 1.



The instrument of Dr. Chambers, as seen in the wood cut, is retained in position in the uterus by expanding arms, and is a modification of the excellent stem of Dr. Wright. This form of stem pessary is very popular in Great Britain, and the type of those most highly recommended.

Dr. Meadows, in the Obstetrical Society of London, upon the subject of flexions, said: "Of mechanical means, the intra-uterine stem was far the most efficacious, and not mischievous if of the proper kind. He often used it, and rarely saw any mischief from it even in retroflexion."

Dr. Horatio Storer, in the Gynæcological Society of Boston, upon the subject of amenorrhœa and sterility from undersize uterus, said: "He had of late years, as formerly, placed much reliance upon galvanic metal stems, or intra-uterine batteries, discussed by the Society at a former meeting."

At the former meeting alluded to upon this subject, Dr. Storer stated: "That there were gentlemen who, from non-familiarity with the instrument, were skeptical as to the possibility of any direct results ensuing from its use, and

*A* represents the handle, with terminal slit, by which the stem is introduced into the uterus.

*B*, the stem itself, as left in the uterine cavity when the handle is withdrawn.

*C*, the head of the stem, which alone remains in the vagina, the central facet fitting into the slit of the handle, the central cavity admitting of the free discharge of the uterine secretions.

*D* gives a side view of the stem when fixed in the handle ready for introduction. It has the general outline of a sound, being a size larger. When the handle is withdrawn, the arms of the stem expand; their spring force being equal to its weight, it is retained in the uterus without difficulty.

The instruments are represented in the engraving of half size.

if this were granted, as to the way in which it was effected.  
\* \* \* As to the benefits of this application in practice, he had constantly employed the batteries for more than a dozen years, and in many instances of functional amenorrhœa they produced a cure where all other means failed."

In the same discussion, "Dr. Cutter stated that he had used galvanic stem pessaries for many years, and with the same results described by Dr. Storer. He had never seen any evil from their use, and considered them a valuable means for inducing or increasing the menstrual flow."

I might continue these favorable comments upon the use of the stem from such men as Wright, Bantock, Gadson, Routh, Greenhalough, etc., but for the present it seems unnecessary for my purpose.

I have shown beyond question the *error of my critic* in assuming that the leading gynæcologists of the world condemn stem pessaries. Instead of such condemnation, it is seen that quite the reverse is true.

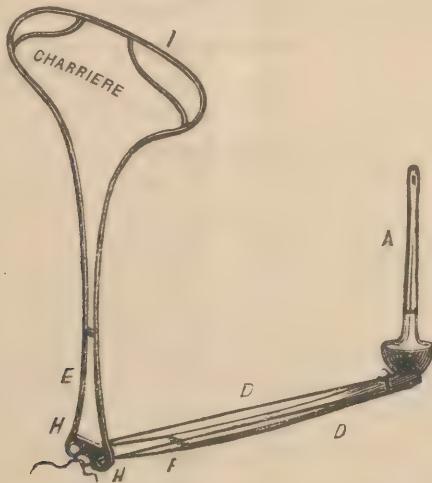
Scanzoni, whose work upon diseases of women was written some twenty years ago, is an avowed opponent of the stem pessary, and evidently rests his opposition upon the uncertain results obtained from the instruments of Valleix, Kiwisch, and Detschy.

When it is remembered that these instruments, by their extra-uterine and extra-vaginal attachments, disregard and interrupt the physiological movements of the uterus, hence subjecting the organ to the dangers of friction and concussion, it can not be wondered that he uses the following language: "For our part we have never cured a flexion."

An examination of the mechanism of the respective instruments of Simpson, Valleix, etc., will explain why those who followed the one had good results, while those who adopted the other had troubles continually. It will be seen that the instrument of Valleix virtually impales the uterus, destroying absolutely its freedom of mobility and subjecting it with the adjacent structures to the constant danger of serious injury. The stem of Simpson, with its small extra-uterine bulb, rides so freely on the vaginal walls as certainly not to endanger the organ from concussion.

The synchronous movements of the uterus with the respiratory act must be of the most delicate nature, and should always be borne in mind in the adjustment of a pessary, whether intra-uterine or vaginal.

FIG. 2.



It may be justly said that a pessary approaches perfection in proportion to its non-interruption with the physiological mobility of the uterus, and vice versa.

"The uterine restorer of Valleix consists of a staff, *A*, intended to penetrate into the uterine cavity. At its base is a metallic disc four-fifths of an inch in diameter, and terminated below by two circular protuberances, between which should be placed the hollow disc of rubber, *B*. The first part of the apparatus is united by a spring joint with another staff made of metal, which, being intended to remain in the vagina, has received the name of the vaginal staff *D*. The spring *C*, situated at the joint of the disc with the vaginal staff, is arranged in such a manner that it seems to maintain these two parts bent at a right angle. The vaginal staff is hollow to receive a solid staff, which is firmly fixed at a right angle to a plate destined to be placed upon the abdomen. The two distinct parts of which this apparatus is composed are maintained united by the aid of a thread passed through a hole, *F*, made in the vaginal staff near the joint. The thread *C* is attached to the plate *E*, which is to be fixed along the abdomen by means of two bands fastened to its superior portion and forming a girdle; two other bands running under the thighs are attached to the lower part, near the point where the thread ought to be tied that unites the two portions of the instrument, *H H*." (Scanzoni.)

The objectionable features of Simpson's stem and its modifications are the difficulty in its retention and the friction consequent upon its independent upward and downward motion in the uterus. It was to meet these difficulties that the delicate stem, with its silver suture attachment, was devised, and for which I have been so roughly handled.

My critic proceeds: "But the *indiscriminate*\* use of stem pessaries is unqualifiedly condemned." This would imply that the *indiscriminate use* of vaginal pessaries, or perhaps many other things, are *approved*. How ridiculous! The *indiscriminate use* of no appliance in medicine, surgery or gynaecology is allowable, but *unqualifiedly condemned*. It is the *discriminate use* of all medical and surgical appliances that distinguishes the empiric and pretender from the educated and skillful physician.

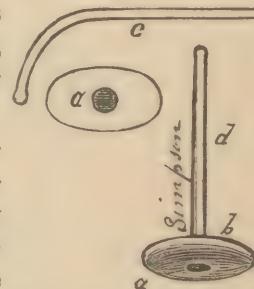
This effort upon the part of my critic to make the impression that I have recommended the *indiscriminate use* of stem pessaries is simply absurd. That he makes this effort appears the more palpable, as he says further on: "And the only other additional precautions which he adopts are those of dress." The caution previously given to which he refers being the *few days rest* which I advised should follow the introduction of the stem. Now this is unpardonable, and only to be explained upon the ground of carelessness or the willful corruption of facts. The precautionary measures in the paper criticised are carefully and concisely given, and in order to make them *especially prominent*, are enumerated: 1st, 2d, 3d, 4th, 5th, 6th, and 7th, under the following head: "The special points to be observed in the use of the intra-uterine stem are."

I must beg pardon of the reader for repeating here these

"Intra-uterine stem pessary, for the cure of retroflexion. A, lower or vaginal aspect of the bulb; B, upper surface of the bulb, on which the cervix rests: D, intra-uterine portion, or stem; C, point of the staff used to facilitate the introduction."

\* Italics mine.

FIG. 3.



*special* precautionary points as given in the paper criticised, and which are as follows:

"1st. A fit sufficiently loose to make no undue pressure at any point, and which at the same time is sufficiently close and secure in position to prevent any free motion of the instrument.

"2d. It should be perfectly secured in its position in the cervix, so that no slipping up and down is allowable.

"3d. *It should cause no pain or uneasiness either in its introduction or its continued use.*

"4th. *The point of the instrument, when introduced, should extend but little beyond the internal os.*

"5th. *The uterus should be free from any marked tenderness or congestion.*

"6th. *The peri-uterine structures should be soft and elastic, and free from tenderness.* (The italics are mine.)

"7th. The instrument should be light and simple in construction, flat in shape, and preferably of zinc and copper, or copper alone."

In the face of these facts, my critic states positively that I have given but *two precautions*: 1. In regard to dress. 2. A few days rest immediately following the application of the stem, when in fact *ten* are given, including the two he mentions, and the last sentence in the paper, viz.: "The vaginal douche of hot water should be daily used while the pessary is worn."

Nowhere in the entire array of distinguished authorities I have quoted will be found the precautionary measures in the use of stem pessaries so carefully and precisely detailed, and yet notwithstanding this and their *prominence* in a short paper of a little more than three small pages, their existence is not only ignored, but *positively denied*.

My critic further writes: "All gynæcologists who attempt to employ intra-uterine pessaries provide a ready method by which they may be removed, and every precaution is adopted to guard the wearer of the instrument; but the author of this *the latest novelty* absolutely rejects such precautions."

It has just been shown that the benefit of every available *precautionary* measure is given the patient subjected to the stem pessary; and if he means by *ready method* a means by

which the patient herself may remove the instrument, his statement is equally as unfortunate in point of fact. I know of no stem pessary provided with a ready method of removal by the patient unless it be the old and awkward instrument of Valleix and Detschy and their modifications, discarded more than twenty years ago; or the comparatively recent and ingenious instrument of Cutter, of Boston. These having vaginal attachments are *readily removable*, but as I have shown reprehensible. The stem in most common use has a small vaginal bulb, which rests, with the uterus replaced, upon the posterior vaginal wall and looking backward toward the coccyx. In such relative position of the parts, few women without the most careful education would remove *readily* the stem, and hence such instruments can not be said to be susceptible of *ready removal* by the patient; the popular instruments of Great Britain with intra-uterine expanding arms are *entirely beyond* the patient's control.

If my critic means *ready removal* by the surgeon, then the simple instrument with a vaginal bulb is certainly most readily removed as it is readily introduced; next the stem secured by silver suture; lastly the most difficult, the deservedly popular instruments of Wright, Chambers, Bantock, etc.

To remove the stem secured by silver suture, we need simply a pair of long-handled scissors, which being introduced along the palmar surface of one or two fingers in the vagina, is carried up to the wire, which is clipped inside the compressed shot, when the stem easily slips out. It is done quickly and easily. A Sims' speculum may or may not be used for the removal. It is done more quickly with the patient on her back without the speculum.

It is of course well understood by all gynaecologists that a patient with a *stem pessary* is not to go beyond the observation of her physician, unless by transfer from one doctor to another, with instructions as to her condition and requirements. My critic proceeds: "We would not willingly cause the author a fraction of the pain that his pessary must occasion some unoffending woman; but it has evidently not occurred to the gentleman that he has conceived and brought forth a dangerous

and mischievous instrument, for his delicate pessary, 'made in a little while in any doctor's shop,' when handled by a bungler, will be nothing less."

What ridiculous twaddle! Dangerous and mischievous when *handled by a bungler!* Accordingly, then, nothing in medicine or surgery should be in use but what can be handled *safely by a bungler.* If I comprehend the import of words, this is the meaning of my critic.

In this remarkable criticism the following *curious reasons* are given why the stem pessary is dangerous and should not be used:

- 1st. "It may be *handled by a bungler.*"
- 2d. "If adopted at all, it will be by inexperienced men."
- 3d. "Because its employment will undoubtedly make work for some country coroners."
- 4th. "The author presents his instrument and its novel attachment clad in verbiage which is all 'couleur du rose.'"

(If any of the readers are incredulous, they are respectfully referred to the "Louisville Medical News," leading editorial of May 26th, 1877.)

It can not be denied that a large amount of ignorance pervades the profession upon the subject of pessaries, nor can it be denied that they are unprofitable and oftentimes dangerous in the hands of "bunglers"; but must we abandon valued resources because forsooth the *ignorant* may do damage with them? The proposition is too silly for respectful consideration.

No pessary, and especially the intra-uterine stem, should be used without a thorough and skillful understanding of its mechanism and the objects to be attained; the "tactus eruditus" and a thorough appreciation of the contra-indications are absolute prerequisites. The medical man who from ignorance or blind prejudice rejects these instruments is clearly not in accord with the advanced teachings of the day. It is true that only a *limited number of cases* are suitable for stem pessaries, but these are not remediable by other resources, unless it be to a certain extent by the knife.

There are certain propositions to be considered always in the use of stem pessaries.

- 1st. Precautionary measures to precede the use of the stem.
- 2d. Precautionary measures necessary during the use of the stem.
- 3d. Diseases calling for the stem.
- 4th. Length of time the stem may be worn.
- 5th. Kind of stem preferable.

The precautionary measures necessary to precede the use of the stem apply particularly to the uterus and the peri-uterine structures. If the uterus is congested and excessively tender, it is best to remove or at least modify these before using the stem. If the peri-uterine structures are tender, and if in addition they be not soft and elastic, or the uterus fixed by adhesions, the stem is not admissible until these are removed.

The failure of appreciation and recognition of these congestions and inflammatory conditions accounts for very much of the disfavor in which the stem was held some fifteen or twenty years ago, as also the present opposition of those unskilled in its use.

We should be careful that the beginning of treatment by the stem in no way conflicts with the menstrual epoch; hence it is well to introduce the stem some six or seven days after the cessation of menstruation, which, in addition, gives full time for the establishment of tolerance in the organ to the foreign body before the next period.

The precautionary points to be looked for in the use of the stem are: Pain, soreness, or persistent discomfort in the region of the uterine organs. Should these occur, the instrument should be removed for the time being. For three or four days (or longer if there be the least discomfort) immediately following the application of the stem, the patient should be quietly in doors, and preferably in bed. Vaginal douches of hot water, with a Davidson syringe, twice or three times daily, should be used during the patient's confinement, and subsequently twice a day while the stem is worn. The position of the patient on the back, with the hips a little elevated, is a matter of some consequence in the use of the syringe. Should the patient complain, as some do, of this position, she may use the douche effectively in the sitting posture, by grasping the *labia* firmly around the

nozzle of the syringe and pumping the vagina full to distension; this will require some four or five pumps when the hold is relaxed and the vagina emptied. The process is again and again repeated, until the whole quantity of water is consumed.

Habitual constipation should be guarded against by appropriate measures.

The patient should be thoroughly acquainted with the nature of the instrument she is using and the necessity of giving prompt notice of any untoward symptoms.

After a few days from its introduction, when the uterus has become tolerant of its presence, no pain, soreness, or discomfort arising, she may take her usual exercise on foot, horseback, in the ball-room; or as house-wife, cook, laundress, etc.

In this freedom of exercise an absolute prerequisite is that the *free motion of the viscera* should be unimpaired by dress. Hence corsets, tight clothes, and heavy skirts suspended from the waist, should be positively interdicted.

The pathological conditions amenable to the stem pessary cover a much broader scope than formerly considered.

In flexions of the uterus, amenorrhœa from infantile uterus or superinvolution, dysmenorrhœa from whatever cause, sterility, endometritis with atrophy and thinning of the uterine walls, and indeed any condition in which we need constant and protracted stimulation of the uterus, the stem is appropriate and invaluable. An experience extending over a number of years with different varieties of stem pessaries justifies the opinion, that with any *reasonable care* in the selection of cases *they are perfectly safe*.

In reference to the length of time the stem may be worn, I can not do better than quote the language of Prof. Olshaunsen: "The instrument must be worn as long as it is well borne, and as it seems necessary for a cure (a year or more) or relief of the trouble."

If a stem with vaginal bulb is used, the one represented in Fig. 4 is, on some accounts, to be preferred. It is very light, flat, with quite a small bulb, which enables it to move freely and easily over the vaginal walls. It is made of zinc and copper if galvanic action is desired, otherwise of the copper

alone. Copper always keeps bright and clean when in use, and is, in my opinion, the very best material for a stem pessary. The vaginal bulb is made of gutta percha, or the dentist's celluloid, shaped and secured to the stem while softened by heat. If the flexion is of such a nature that the cervix looks in the axis of the vagina, the stem will most likely not be retained.

A Hodge pessary, or some of its modifications, may be used to secure the cervix in its proper position, so that the stem can not escape by reason of its lodgment upon the posterior vaginal wall.

Many devices have been adopted to keep this variety of stem in position. All vaginal attachments are objectionable, because they impair the mobility of the uterus. Where the stem is used in conjunction with a vaginal pessary, they should be entirely independent each of the other, and without diaphragms or cross-bars for fixing the stem, as found both in the arrangements of Thomas and Graily Hewitt.

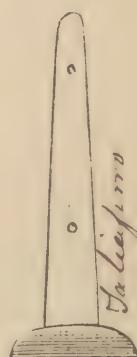
A stem pessary should rarely be over two inches in length. It should extend but little above the internal os, the usual site of flexion. The cavity of the body of the uterus is not as tolerant of foreign substances as is the neck, a fact not to be lost sight of in the application of the stem. Very much of the unpopularity of the old instruments came doubtless from this cause and the too great length of the stem.

It is only in conditions of the uterus as found sometimes in superinvolution, infantile uterus, etc., where the organ is not sensitive, and where a powerful stimulation is desired, that the length of the stem may be such as to approach and even to touch the fundus.

Where the length of the stem is such that the cavity is much

Small flat stem, made of strips of copper and zinc riveted together, with gutta percha or dentist's celluloid, vaginal bulb. It is made of copper alone when mechanical action only is desired. It is from one and a half to two inches or more in length.

FIG. 4.



encroached upon, or the fundus is reached, we can readily understand the advantages of *securing* and *fixing* the stem, as described, by silver suture.

The advantages of a stem pessary, which has not the slightest *independent motion*, over those with a constant jogging motion, occasioned by the incessant upward and downward play of the uterus, must be apparent to every thoughtful mind.

It has been suggested by medical gentlemen that the presence in the tissues of the silver wire used for securing the stem was objectionable, as it might prove to be a source of constant irritation, and possibly inflammation. The innocuous character of the silver wire in living tissues is well known to surgeons, and is least of all things to be feared.

The 21st of June, 1849, Dr. J. Marion Sims performed his first operation for vesico-vaginal fistula, in which silver suture was used.

In the anniversary address of the New York Academy of Medicine by Dr. Sims, upon silver sutures in surgery, on the 18th of November, 1857, alluding to his first cases of vesico-vaginal fistula, said: "After nearly four years of fruitless labor, silver wire was fortunately substituted for silk as a suture, and lo ! a new era dawns upon surgery."

The experience of twenty-eight years by renowned surgeons of the world has verified this statement and put beyond cavil the innocuous nature of silver wire in the living tissues. For the past three years I have used this delicate stem, with its novel method of attachment, in very many cases, and in one only has the uterus absolutely rejected the instrument; the presence of the wire had no agency in this. This case was reported to the Atlanta Academy of Medicine some two years ago, and is the one doubtless referred to by my amiable critic when he writes: "And he says nothing at all of his experience in cases where the uterus absolutely rejects his instrument with its novel attachment," etc. The effort to make the impression here that I have attempted to cover up my unsuccessful cases is too contemptible. The only unsuccessful case occurring in my hands was promptly published, and through such publication only was the information accessible.

The objections to the stem with silver suture are applicable to all stem pessaries; acting as a foreign body in the cavity of the uterus, they may under *favorable circumstances* set up inflammatory action, with the result of pelvic abscess, pelvic peritonitis or general peritonitis.

Such accidents, however, have not occurred in my hands with this stem, or indeed any other variety (several of which I have used), and I believe will not occur in properly selected cases.

These inflammatory complications may and do occur from the indiscriminate or bungling use of any pessary, whether intra-uterine or vaginal, and the fact that they may fall into the hands of "bunglers" is a silly argument for putting them aside.

I must apologize for the scope of this communication. It has been made necessary by the character of the criticism referred to. I have had to write many things which the intelligent reader up with the literature of gynæcology already knew, in order to expose misstatements and false premises.

In conclusion, I must beg the liberty of suggesting to my critic the wisdom of adhering to his legitimate domain, and treading other fields than gynæcology and journalism; lest his condition be likened to one Milo of ancient history, who after vanquishing all the athletes of his day, and performing many other *marvellous* feats, attempted in his plenitude of power to crown all by rifting open a *knotty tree*. The effort was too much for him; his strength gave out, and his hands becoming inextricably pinched in the cleft, he miserably perished.



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